1. Last Name	First Name	MI		
2. Patient Number				
3. Date of Birth				
4. Race	Indian 4. Asian	Day Year		
5. Sex 1. Male	_	No		
6. County of Residence				

Appointment Record

APPOINTMENTS K or ✓ - Kept DNKA or O - Did Not Keep Appointment				APPOINTMENTS K or ✓ - Kept DNKA or O - Did Not Keep Appointment			
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